

TENNESSEE EMERGENCY MANAGEMENT AGENCY COURSE EVALUATION

COURSE TITLE: _____

CITY: _____ COUNTY: _____ COURSE DATE/S: _____

LEAD INSTRUCTOR NAME: _____

I. Indicate the type of organization in which you are employed:

GOVERNMENT		PRIVATE SECTOR
<input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local		<input type="checkbox"/> Business/Industry <input type="checkbox"/> Volunteer Service <input type="checkbox"/> Other _____

II. a. Indicate the service in which you are employed:

<input type="checkbox"/> Emergency Management <input type="checkbox"/> EMS <input type="checkbox"/> Fire Service <input type="checkbox"/> Health Care/Hospitals	<input type="checkbox"/> Law Enforcement <input type="checkbox"/> Public Works/Utilities <input type="checkbox"/> Other _____
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b. Years of experience in this service:

Less than 1 1 – 5 6 – 10 11 – 15 16 – 20 Over 20

III. Your feedback is important to us... Please use this critique to rate your experience with TEMA's Training and the instructor(s). *Use the following ratings:*

5	4	3	2	1	N/A
-----/-----/-----/-----/-----/-----/					
					
<i>Excellent</i>	<i>Good</i>	<i>Satisfied</i>	<i>Marginal</i>	<i>Unsatisfactory</i>	<i>Not Applicable</i>
<i>Strongly Agree</i>	<i>Agree</i>	<i>Neutral</i>	<i>Disagree</i>	<i>Strongly Disagree</i>	

1. OVERALL COURSE	a. Overall Assessment b. Worth recommending to others c. I learned something from this course	5	4	3	2	1	N/A
		<input type="checkbox"/>					
		<input type="checkbox"/>					
		<input type="checkbox"/>					
2. COURSE:	a. Was a reasonable length b. Covered materials effectively c. Contained useful activities d. Applicable to my current Job e. Will enhance my job performance	5	4	3	2	1	N/A
		<input type="checkbox"/>					
		<input type="checkbox"/>					
		<input type="checkbox"/>					
		<input type="checkbox"/>					
3. PRINTED MATERIALS:	a. Well Organized b. Thorough c. Readable & Good Quality d. Understandable e. Relevant to course	5	4	3	2	1	N/A
		<input type="checkbox"/>					
		<input type="checkbox"/>					
		<input type="checkbox"/>					
		<input type="checkbox"/>					

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	5	4	3	2	1	N/A
4. VISUAL AIDS:						
a. Well Organized	<input type="checkbox"/>					
b. Thorough	<input type="checkbox"/>					
c. Easy to Read & Good Quality	<input type="checkbox"/>					
d. Understandable	<input type="checkbox"/>					
e. Relevant to course	<input type="checkbox"/>					
5. LEAD INSTRUCTOR:						
a. Presented materials effectively	<input type="checkbox"/>					
b. Was knowledgeable of the subject	<input type="checkbox"/>					
c. Encouraged participation	<input type="checkbox"/>					
d. Clearly stated course goals/objectives	<input type="checkbox"/>					
e. Worked effectively with other instructor/s	<input type="checkbox"/>					
f. Supplemented Text with personal knowledge	<input type="checkbox"/>					
g. Tolerated differences of opinion	<input type="checkbox"/>					
6. ADJUNCT INSTRUCTOR(S)						
a. Presented materials effectively	<input type="checkbox"/>					
b. Was knowledgeable of the subject	<input type="checkbox"/>					
c. Encouraged participation	<input type="checkbox"/>					
d. Clearly stated course goals/objectives	<input type="checkbox"/>					
e. Worked effectively with other instructor/s	<input type="checkbox"/>					
f. Supplemented Text with personal knowledge	<input type="checkbox"/>					
g. Tolerated differences of opinion	<input type="checkbox"/>					
6. ADJUNCT INSTRUCTOR(S)						
a. Presented materials effectively	<input type="checkbox"/>					
b. Was knowledgeable of the subject	<input type="checkbox"/>					
c. Encouraged participation	<input type="checkbox"/>					
d. Clearly stated course goals/objectives	<input type="checkbox"/>					
e. Worked effectively with other instructor/s	<input type="checkbox"/>					
f. Supplemented Text with personal knowledge	<input type="checkbox"/>					
g. Tolerated differences of opinion	<input type="checkbox"/>					
COMMENTS:	_____					

